## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: WYNDEMERE ESTATE (410314)

Address: 3001 RIVERSIDE DR, GREEN BAY, WI 54301

**License Status: REGULAR** 

Licensed/Certified/Registered 10/01/1993

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0094499 End Date: 03/24/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007139 Served 04/09/2005

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

50.065(6)(am) FOUR YEAR CAREGIVER BACKGROUND

REQUIREMENT

83.14(2) TRAINING DIETARY NEEDS & MENU PLANNING

83.21(4)(i)1 CONFIDENTIALITY 83.32(2)(a)1 PHYSICAL HEALTH

Survey ID: 0091930 End Date: 02/04/2005 Type: OTHER Purpose: DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Enforcement History** 

Date: 03/08/2005

SOD #10007139

Appealed: Yes

**Decision: PENDING** 

**Sanctions** 

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(2)

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